

PRIVATE ENTERPRISE AND PUBLIC HEALTH PROMOTION.

At this time when the war on disease is gathering fresh allies every day, when clubs, centers and agencies are devoting earnest attention to community nursing, child welfare, better housing for working girls and countless industrial problems, when the greater need for adequate health education is being stressed by many mouths, it is interesting to review a campaign of health education which began in 1908.

The service was inaugurated by Dr. Lee K. Frankel, Vice-President of the Metropolitan Life Insurance Company, in a small section of New York City under the supervision of the nurses of the Henry Street Settlement. From that modest beginning the service has spread rapidly until today it is successfully conducted in 46 States of the Union, and in Canada reaches from the lower provinces of Nova Scotia and New Brunswick to British Columbia.

The purpose of the Metropolitan service is to prolong the lives of the policy holders, which combines good private business policy with good public health work.

The efforts of the Company have been threefold: first, the improvement of individual health through educational leaflets and pamphlets distributed by the agent; second, the improvement of general health conditions through co-operation with health officers in clean-up, fly-swatting and other campaigns, through assisting them in enforcing housing ordinances, and by the enlistment of public support for general and special health movements.

The aim of this service is to care for those persons who are sufficiently ill to require the care of a physician, and to restore them to health and working efficiency. Nurses are forbidden to care for policy-holders unless a physician is in attendance, and the amount of nursing care required in any individual case rests with the physician.

As the service is a visiting one, nurses do not remain permanently in the home of the sick. The nurse calls as soon as possible after the case is reported to her, either by physician, policy-holder or agent, and remains in the home long enough to carry out the treatment prescribed by the physician. The length of the visits vary from fifteen minutes to one hour according to the amount of treatment required.

Although the emphasis is placed on the acute case, the patients suffering from chronic ailments are not ignored. The Company sanctions occasional visits for instruction of the family in proper methods of caring for the patient so afflicted, in order that the family may then assume the responsibility of care.

As the care of tuberculosis is a special field of nursing, the Company cares for policy-holders suffering from this disease only when other care is not obtainable. Nurses are urged to assist patients in securing admission into a sanatorium. If this cannot be done, and if tuberculosis nurses are not available, the Company authorizes occasional visits for the purpose of observation, instruction and supervision.

A maternity service is extended to all industrial

policy-holders whose policies have been in force nine months. Pre-natal and post-natal services are given. Acute infections, following child birth, are nursed as any other acute case of illness. In 1918, the Company cared for 40,000 mothers and babies. It isn't how many babies are born,—it is how many babies are saved.

Over 1,500,000 visits to the families of Industrial Policy-holders were made last year.

In addition to the education given to sick policy-holders by the visiting nurse, the Company seeks to educate in matters of health by means of leaflets and pamphlets. These are written in very simple language and are published in various foreign languages as well as in English and 177,000,000 copies of leaflets dealing with such subjects as "Fake Consumption Cures," "A War Upon Consumption," "Directions for Living and Sleeping in the Open Air," "The Health of the Worker," "Health Campaign Circular," etc., have been distributed. In addition the Company has circulated city clean-up leaflets to the number of 1,250,000 urging policy-holders to co-operate with their health officers in clean-up campaigns. A publication "All About Milk" by Dr. Milton J. Rosenau, Professor of Preventive Medicine and Hygiene at Harvard University, has done much to improve the milk supply of cities and has emphasized to policy-holders the value of pasteurization. Other publications are "Teeth, Tonsils and Adenoids," "How to Live Long" and "The Child." These welfare pamphlets have been widely distributed, not only to policy-holders, but Boards of Health, Schools, Reading Rooms, Day Camps, etc.

Like all progressive institutions today the Metropolitan knows to a mathematical certainty that the improvement of living and working conditions increases the efficiency and longevity of the workers and is in hearty co-operation with industrial physicians and surgeons, manufacturers, heads of mercantile establishments and health officers in improving living conditions in their respective communities.

The professional requirements for Metropolitan nurses comply with the standards of the National Organization for Public Health nursing. More and more each year the necessity of nurses obtaining special training in public health nursing in order to properly fit themselves to enter this important field of work is emphasized. In discharge of their actual duties the nurses instruct policy-holders in the principles of food, etc., and when it is necessary to do so they arrange for the proper transfer of patients to other agencies, such as hospitals, convalescent houses, sanitariums, etc.

The Metropolitan work is thoroughly supervised at the Home Office and in the field by graduate nurses. Field Supervisors spend eleven months of the year in traveling through the country visiting the nursing services. These Field Supervisors are women of wide experience both in nursing and public health fields and are graduate nurses who have held important administrative and executive positions and are doing much to instruct not only nurses but also the field force in the broader aspects of public health work.

How valuable this independent enterprise and

service of one Company is to the public health may be measured by the fact that it is at the disposal of one-tenth of the population of the United States.

CONCERNING REPRINTS AND OUR PUBLISHERS

Certain authors whose papers have appeared in *The Journal* have been guilty of the gross discourtesy and business error of refusing to accept reprints of their articles which they had ordered over their own signatures and which were sent them by the publishers of *The Journal* by express, C. O. D. Several remarks are pertinent in this connection. In the first place, the present financial status of the State Medical Society does not allow the free supply of reprints by *The Journal*. It is questionable if such a practice would be desirable in any case in a *Journal* representing the entire medical profession of the state. Difference in length of articles, illustrated matter, etc., make it obviously unjust that every author should receive reprints at the expense of the society even if this were financially possible. We are getting and publishing good papers. It is a benefit to the author to have his article appear in the *JOURNAL*. This was illustrated by a recent letter from Boston stating that the writer was amazed at the wide distribution of inquiries he had received after publication of a certain article in the *CALIFORNIA STATE JOURNAL OF MEDICINE*. It is an obligation on writers to present material of sufficient merit to be published. There is no obligation on the *JOURNAL* to recompense authors by reprints or otherwise.

Furthermore, authors receive a printed order detailing the cost of reprints in various quantities. These prices are remarkably low and cover actual expense only. In many cases they do not cover actual cost of time and labor involved. Reprints are sent C. O. D. by express at the written request and order of the author. If he refuses to accept delivery of them, he breaks his own word and offers a gross discourtesy and definite monetary loss to the publishers.

Finally a word about these same publishers. Acknowledgment was intended before this of their unflinching courtesy, promptness, efficiency and invaluable professional advice and counsel, which have never failed in their management of *The Journal* printing and which have been an asset to the State Medical Society all too lightly considered. The James H. Barry Company of San Francisco have won the deserved esteem of the editorial and office staff of the State Society. As publishers, they have taken a personal and highly skilled interest in *The Journal* and no contribution has been more important than theirs in improving and maintaining *The Journal* at its present stage of scientific development. Their prices have been surprisingly low and have evidenced their interest in more than a mere automatic printing of material sent to them. We thank them in behalf of the editorial office, the State Society office and the State Society, and we

apologize for the discourtesy of a few men who have failed to realize the obligation that the State Medical Society owes to the James H. Barry Company, and the very obvious benefits that they themselves so lightly hold.

SPLITTING INSURANCE FEES

A bargain requires two parties. From time to time we have attacked both of them in these columns. The effect has probably been slight. But continuous hammering may bring some improvement and in any case, we intend to keep at it. Perhaps after a time a consciousness of right, of ethical values, will be aroused, which will ally itself with a better understanding of the real business interests of the doctor. Such a consciousness is sadly needed in the medical profession today. It is the same kind of consciousness as that which has reached its climax in the international affairs of men, a recognition of the rights and aspirations of all the races of men. Each doctor must needs remember that he is not alone, not a little tin god on wheels, with no ethical or social relationships. He is a cog in the great and complex machine of modern society, engaged in weaving the fabric of a new and righteous civilization. Within that, he has a close and vital relationship to his own colleagues, a responsibility to them and a just demand on them. He lives not to himself alone, he of all men and of all professions.

Perhaps, some day, there will be no secret splitting of fees. Some day, perhaps, no physician can be found so "amenable to reason"—save the name!—as to be willing to rebate a fee schedule and also to be willing to round up equally conscienceless associates who will follow his example, becoming tools of the insurance carriers, and robbing their own professional colleagues of their just dues for professional work.

A strange situation, forsooth, when a medical society is exerting its utmost efforts to develop along just and constructive lines, and certain members of that same society are acting individually to nullify the good works of the society collectively. Let us practice what we preach or quit. If as a society we believe that fee splitting and insurance rebating is an abomination, then let no one remain or be permitted to remain a member, when guilty of such practices. Should such variance between individual action and collective action be termed evolution—or atavism?

What does all this mean? It means this:

Our Committee on Industrial Accident Insurance is now engaged in an exhaustive study of the entire situation, including the question of a fee schedule commensurate with good professional service. They will attempt to develop some relationship with the carriers whereby the latter will appreciate that good service means proper fees. Can the carriers be expected to regard such a relationship or agreement as more than a scrap of paper, if we, the party of the second part in such an agreement, have so little regard for our obligations to our own colleagues as to split